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NEWS NOTES

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ARMY AND NAVY ACT JOINTLY TO RELIEVE
MEDICAL AND DENTAL OFFICER SHORTAGE

The War and Navy Departments announced joint action taken to relieve a very serious shortage of Medical and Dental Officers which now exists in the combined requirements of the Army, Navy and Veterans Administration.

Regardless of date of entry on active duty, only a two-year period of service will after 1 July be required of all Army Medical Corps Officers, including graduates of the Army Specialized Training Program except critically needed specialists. A two year period of service will be required for all Navy graduates of the Navy Medical V-12 Training Program, who after March 1, 1946 were or will be ordered to active commissioned duty upon completion of internship. Navy doctors already separated will not be recalled. Under the Army's new two year policy, it is estimated that approximately sixty days after 1 July will be required to complete the release of approximately 3,000 Army doctors affected by the change.

By the above action the requirements both of the Army and Navy can be met and in addition the Army can make available to the Veterans Administration approximately 1,000 badly needed Medical officers and the Navy about 500.

In order to meet the minimum requirements of the Army and Navy for dentists, and to establish comparable discharge criteria for both services, the War and Navy Departments have agreed that all dental officers partially or wholly assisted in their education by the Federal Government in the ASTP and V-12 programs and now on active duty upon completion of such education, will for the time being be released upon completion of three years of commissioned active duty service. Navy dentists already separated will not be recalled to active duty. The length of service required for Army dentists now on duty other than ASTP graduates has been reduced from 39 to 36 months effective immediately.

MORE

ARMY AND NAVY ACT JOINTLY TO RELIEVE MEDICAL AND
DENTAL OFFICER SHORTAGE (Continued)

The Navy will shortly make available to the Army approximately 800 dental officers. When this transfer is completed, the period of service required of all dental officers will be further reduced. Before discharge requirements can be reduced to two years for both services, the Army will require additional dental officers. To meet this need, Selective Service has been asked to procure 1,500 young dentists, who are being accepted with the understanding that no more than two years of service will be required from them.

Transfers of dental officers from the Army or Navy to the Veterans Administration will not be required.

It should be noted that extension of the period of service required for Navy doctors and dentists applies only to those whose education was subsidized by the Federal Government in the V-12 or the ASTP programs.

COL. DOAN SUCCEEDS COL. CARPENTER AS EXECUTIVE OFFICER, SGO

Col. Howard W. Doan, MC, was designated Executive Officer, SGO, on May 28 to succeed Col. Robert J. Carpenter, MC, who held that position since December 21, 1943.

A veteran of World War I, Colonel Carpenter was decorated by Major General Norman T. Kirk, The Surgeon General, last year with the Legion of Merit award for his outstanding services as "a key figure in the administrative operations of the Medical Department".

Col. Carpenter will accept his discharge from the Army and return to his civilian medical practice in North Adams, Mass. He is credited with reorganizing the Central Hospital Fund with assets of approximately \$10,000,000 and served as Chief of the Administrative Service.

Since he was assigned to the Office of The Surgeon General as assistant executive officer on March 10, 1943, Col. Carpenter has competently guided Medical Department administration through enumerable problems connected with waging a total world-wide war and then demobilization.

COL. DOAN SUCCEEDS COL. CARPENTER AS EXECUTIVE OFFICER, SGO (Continued)

Col. Doan brings a wealth of experience covering 13 years in the Army to his new position. Fresh from a brilliant record as executive officer to Maj. Gen. Paul W. Hawley, USA, former Chief Surgeon, ETO, now head of Veterans Administration medical program, Col. Doan was assigned to The Surgeon General's office in the summer of 1945. His overseas work was recognized in both foreign and United States decorations.

He has served in SGO as Director, Military Personnel Division, and as Assistant/Executive Officer, SGO. Born March 18, 1907, in LaSalle, Ill., he received his medical degree from the University of Iowa in 1932. Prior to matriculation at Iowa he studied for three years at Drake University, Des Moines, Iowa.

Immediately following his internship in Kansas City General Hospital he was awarded a commission as first lieutenant, Medical Corps, in October, 1933, and assigned to Ft. Sheridan, Ill. He served as company commander of the 1st Medical Regiment, Carlisle Barracks, Pa., and Executive Officer of the Station Hospital, San Juan, Puerto Rico, where he was stationed for two years.

In November, 1941, he returned to the United States and became battalion commander at the Medical Replacement Training Center, Camp Grant, Ill. He went overseas in March, 1943.

General Kirk presented the Legion of Merit award to Col. Doan at the same ceremony in which Col. Carpenter was decorated. Col. Doan, who, as Executive Officer to the Chief Surgeon of the European Theater of Operations "performed unusually superior service in supervising the administrative operations", also holds the Army Commendation Ribbon, French Medal of Recognition and the Bronze Star.

He resides with his wife, the former Dorothy Havens of Portland, Ore., at 1537 East-West Highway, Silver Springs, Md.

Col. Doan has been designated Custodian of the Central Hospital Fund and is chairman of the SGO Committee on Superior Accomplishment.

FOOD SURVEY REPORT LAUDS FITZSIMONS, BROOKE

Special mention was given Brooke Convalescent Hospital, Brooke Army Medical Center, Ft. Sam Houston, Tex., and Fitzsimons General Hospital, Denver, Colo., by a civilian food survey committee appointed by Secretary of War Robert P. Patterson.

Headed by John L. Hennessy, executive vice president, Statler Hotels, Inc., New York, the committee made a nationwide study of food conditions in 250 messes ranging in size from those serving 50 men to those accommodating

FOOD SURVEY REPORT LAUDS FITZSIMONS, BROOKE (Continued)

6,000. From training of mess personnel to storage of food, the committee scrutinized the Army food program.

"Exceptional messing installations were noted at the Convalescent Hospital of Brooke Army Medical Center and Fitzsimons General Hospital," the report stated. "These might well serve as models in future planning."

SURPLUS ARMY HOSPITALS RELEASED TO VETERANS ADMINISTRATION

The Army's great general hospitals, built to the latest medical and surgical standards for the care and treatment of its wounded and sick during the war, are being released as rapidly as the decrease in the patient load justifies and offered first to the Veterans Administration for its rapidly expanding program for medical care for veterans.

The transfers have been made as part of the Army's comprehensive plan, devised before hostilities had ceased, to effect a smooth transition when responsibilities for the care of the sick and wounded was transferred from the Army to the Veterans Administration.

The War Department program is being carried out through close cooperation between Major General Norman T. Kirk, The Surgeon General, and Dr. Paul R. Hawley, Medical Director of the Veterans Administration, who before retirement from the Army as a Major General, was Chief Surgeon, European Theater of Operations.

"Of 25 hospitals we have earmarked for Veterans Administration at their request 11 have been transferred complete to the last scalpel," General Kirk announced. These 11 hospitals comprised 24,000 beds while the Medical Department was operating them. Because of a lack of sufficient personnel, the Veterans Administration at present is operating these hospitals at less than the above maximum capacity.

When three general hospitals housing paraplegic centers, McGuire at Richmond, Virginia; Birmingham at Van Nuys, California; and Vaughan at Hines, Illinois, were released to the Veterans Administration on April 1, 1946, special equipment for the treatment of the paraplegic patients remained in the hospitals in addition to the standard equipment turned over in all cases to the Veterans Administration. A part of this special equipment included wheel chairs, walking apparatus, special headphones for built-in radios and shop facilities used in training the patients who are paralyzed in the lower half of their bodies.

SURPLUS ARMY HOSPITALS RELEASED TO VETERANS ADMINISTRATION (Continued)

The treatment of the 700 patients in these centers continued uninterrupted despite the transfer of the hospital from Army to Veterans Administration. The patients received certificates of disability discharges from the Army and immediately became patients of the Veterans Administration without leaving their beds.

In addition to giving the Veterans Administration priority on any surplus Army hospital installations, the War Department plan also includes placing Medical Corps physicians, surgeons, nurses, technicians, orderlies and dieticians on temporary duty in Veterans Administration hospitals so that the care of the wounded may continue uninterrupted. Continuing, also, treatment to men considered enough improved to warrant their discharge from the Army, hospital staffs have remained on duty until relieved by Veterans Administration personnel, to care for these veteran-patients who received their discharge upon the transfer of the hospital.

General Kirk in January, 1946, instructed commanding officers of hospitals to replace military personnel other than doctors and surgeons with civilian workers whenever possible. Thus, these civilians could transfer to Veterans Administration employ and insure smooth operation and care of patients when the hospital changed hands.

The Veterans Administration has also been authorized to place employees in Army hospitals to observe specialized professional techniques practiced by the Medical Department staffs.

More than 5,000 veterans have received treatment and care in Army hospitals after they received their discharge. At present, approximately 2,030 veterans are receiving treatment under these conditions. This care will continue until the expanding medical program of the Veterans Administration is able to accommodate these patients.

In addition to providing care and treatment for veterans, the Army is also retaining the responsibility for the care of more than 3,000 tuberculosis patients. Normally, these men would have been discharged and released to Veterans Administration control. However, since the facilities for their best care are not available in Veterans Administration hospitals at present, the Army will continue its treatment of these patients until the Veterans Administration acquired the personnel necessary to bring the treatment level to that of both the Medical Department and the Veterans Administration.

Army hospitals also stand ready with out-patient treatment for veterans with service-connected disability in isolated areas or emergency cases where civilian hospital facilities are not immediately available. Out-patient treatment for veterans is also practiced in Puerto Rico, Alaska, and the Philippine Islands.

SURPLUS ARMY HOSPITALS RELEASED TO VETERANS ADMINISTRATION (Continued)

Several Army hospitals were erected by the Army with an eye toward future occupancy by the Veterans Administration. Both Vaughan and McGuire General Hospitals, housing paraplegic centers, were constructed with this in mind. In fact, Vaughan General Hospital was erected upon Veterans Administration property. Although the wards and buildings were built according to Army specifications, they can be changed in minor aspects to fit Veterans Administration needs. Kitchens, mess halls and clinic rooms are a few of the features that vary.

The 11 General Hospitals which already have been released to the Veterans Administration with all equipment are; Ashburn, McKinney, Texas; Foster, Jackson, Mississippi; La Garde, New Orleans, Louisiana; Thayer, Nashville, Tennessee; Winter, Topeka, Kansas; Birmingham, Van Nuys, California; Finney, Thomasville, Georgia; McCloskey, Temple, Texas; McGuire, Richmond, Virginia; Nichols, Louisville, Kentucky; and Vaughan, Hines, Illinois.

THREE MILITARY HOSPITALS NAMED FOR MEDICAL DEPARTMENT DEAD

Army hospitals in Massachusetts, California and Florida were renamed today in honor of a deceased medical corpsman, a general and a colonel who hold niches in the Medical Department hall of fame.

Secretary of War Robert P. Patterson officially redesignated Waltham Regional Hospital, Waltham, Massachusetts, as Murphy General Hospital. Pasadena Area Regional Hospital, Pasadena, California, is now McCormack General Hospital, and AAF Regional and Convalescent Hospital, Coral Gables, Florida is Pratt General Hospital.

All three hospitals were scheduled in April for redesignation as general hospitals on May 15. In designating them as general hospitals, minor physical changes are effected. Patients may be taken there directly from overseas as complete hospital facilities are available and a larger staff maintained.

The move is in line with Medical Department plans to centralize hospital facilities so staffs depleted by the discharge of skilled personnel could be concentrated to the advantage of some 100,000 remaining patients. Redesignation of these hospitals places them under direct control of The Surgeon General, Major General Norman T. Kirk.

Private First Class Frederick C. Murphy, awarded posthumously the Nation's highest honor, The Congressional Medal of Honor, died as the result of battle wounds in March 1945, near Saarlautern, Germany, in the assault against the Siegfried Line.

THREE MILITARY HOSPITALS NAMED FOR MEDICAL DEPARTMENT DEAD (Continued)

A medical corpsman, Private First Class Murphy continued to succor wounded men even after he had lost a foot in a land mine explosion. Sometime during the night of March 18, 1945, he lost his life in another land mine explosion as he was dragging himself toward more wounded men.

His wife, Mrs. Virginia M. Murphy, resides at 47 Narragansett Road, Quincy, Massachusetts. At the time of his induction on November 26, 1943, Boston-born Private First Class Murphy lived in Weymouth, Massachusetts.

Brigadier General Condon Carlton McCornack was retired from active duty on May 31, 1944, when Deputy Chief of Staff, Western Defense Command. He had a long and distinguished career dating back to 1898 when he served a hitch in Company C, 2nd Oregon Volunteer Infantry, as a private.

General McCornack was commissioned a first lieutenant, Medical Reserve Corps, on March 15, 1909, after three years as Acting Surgeon, Oregon National Guard. He held a Doctor of Medicine Degree from Jefferson Medical College, Pennsylvania, and a Bachelor of Science degree from the University of Oregon.

On April 23, 1910, he received his Regular Army commission as first lieutenant, Medical Corps. During the next 34 years, General McCornack, in addition to service in this country, served in China, the Philippines and Hawaii where he was Surgeon, Hawaiian Department, from June, 1938, until May, 1939, when he returned to the continent.

He was awarded the Legion of Merit in October, 1943, for his outstanding work as Surgeon, Western Defense Command and Fourth Army. General McCornack died on November 5, 1944, in Letterman General Hospital, San Francisco, California, where he had once been commanding officer. He was born in St. Helena, California, on May 7, 1880.

Colonel Fabian L. Pratt, after 21 months overseas during World War I as first lieutenant, Medical Reserve Corps, where he served with the Royal Army Medical Corps, was commissioned a first lieutenant, Regular Army, on July 1, 1920. Keenly interested in aviation, Colonel Pratt early qualified as "balloon observer and airship pilot" to become one of the pioneer flight surgeons of the Army. He was one of the first to become a pilot in his own right.

Colonel Pratt served as commandant in the School of Aviation Medicine, Randolph Field, Texas, "West Point of the Air", and had several tours of duty with National Guard and Reserve Training units. A 1911 graduate of Vanderbilt Medical School, Nashville, Tennessee, Colonel Pratt was born December 24, 1888, at Monmouth, Illinois. His permanent civilian address was Linneus, Missouri.

He died on December 18, 1944, while serving as Surgeon, 4th Air Force, Hamilton Field, California.

THREE MILITARY HOSPITALS NAMED FOR MEDICAL DEPARTMENT DEAD (Continued)

Foreign and American Military honors awarded Colonel Pratt were the Purple Heart, King George Medal, French Croix de Guerre, Order of Merit (French Foreign Legion), Belgian War Cross, Italian War Cross, Victor Emmanuel Medal, MONS Medal, World War "I" Victory Medal and American Theater and American Defense ribbons

STUDIES BY ARMY TAKE "Q" FEVER OUT OF MEDICAL CURIOSITY CLASS

"Q" fever, a pneumonia-like disease first described from Australia, apparently is endemic around the Mediterranean area. Scattered outbreaks have been reported among American troops in Italy, Greece and Corsica.

Study of these outbreaks by medical officers on the spot at an Army General Medical Laboratory, and by the Commission on Acute Respiratory Diseases of the Surgeon General's Office have thrown considerable light on this supposedly rare illness and established that it is (essentially) identical with the so-called Balkan Grippe which was epidemic in Greece in 1942.

The responsible agent has been identified as a very minute, red-shaped organism belonging to the family of rickettsia, similar to the organism which causes typhus fever. It has been impossible to establish the means of transmission, except that evidence suggests that the "germ" apparently is inhaled in infected dust.

In laboratory outbreaks the disease appears to be extremely infectious. Accidental infections have occurred in almost every laboratory where experimental work with this rickettsia has been conducted. It is likely to be confused with atypical pneumonia, of which the causative agent has not been identified. The syndromes of the two are somewhat similar.

A significant finding was that "Q" fever rickettsia becomes much more virulent with successive passages through the blood of experimental animals. The malady comes suddenly with chills, sweats aching muscles and frontal headache. The victim usually is incapacitated for two weeks or more.

Until recently the disease had been considered a medical curiosity.

MEDICAL HISTORY OF WORLD WAR II WILL BE WRITTEN IN THREE PARTS

The first meeting of the Advisory Editorial Board on the Medical History of World War II was held in the Office of The Surgeon General on 9 May 1946. The meeting was opened by Major General Norman T. Kirk, The Surgeon General, who assured the Board of his interest in the medical history. He expressed the hope that with the assistance of the Board and the contributors that "the job of writing the history would be as well done as was the job done by the men and women who made medical history during the war."

MEDICAL HISTORY OF WORLD WAR II WILL BE WRITTEN IN THREE PARTS (Continued)

Colonel J. H. McNinch, M.C., Director of the Historical Division of the Office of The Surgeon General, offered for the Board's consideration a revised plan for the publication of the history. According to Colonel McNinch, the wealth of information accumulated on the Medical Department's experience in World War II should be organized and published in accordance with the interests of specialized audiences. Consequently, the history will be divided into three parts.

Part I of the history will be devoted to the operation and administration of the Medical Department. Eight volumes are planned on this phase of the history which will cover such topics as supply and fiscal activities, evacuation, personnel procedures, overseas medical service, hospital construction, and the like. These volumes will tell the story of how the medical service functioned in war. They are to be written by competent historians and it is estimated that at least four years will be required to prepare this part of the history. These volumes will be incorporated in the War Department History.

Part II, which will consist of a number of volumes to be determined later, will be designed for professional readers and will cover the Medical Department's clinical and technical experience in medicine, surgery, psychiatry, preventive medicine, aviation medicine, physical medicine, dentistry, and veterinary medicine. As these volumes will be prepared for readers chiefly interested in clinical data, it is planned to eliminate material pertaining to the operational and administrative aspects of medico-military medicine, except when such material is necessary to the development of well-balanced clinical documents. Early publication of the clinical and technical volumes is planned in order that the material may be made available to the medical, dental, and veterinary professions for application in current practice.

Part III of the history will consist of a series of medico-military monographs dealing with various specialized subjects of interest primarily to officers of the Regular Army. Among the tentative subjects to be treated in monographs are: effective utilization of specialists, standardization of supplies, operation of the bed credit system, and others. These monographs will be prepared over a long period of time and will be given limited distribution.

A popular summary of the Medical Department's work is also being considered. It will be written for the general public.

The Advisory Editorial Board unanimously approved the historical program proposed by Colonel McNinch. Work on the history will be carried forward as rapidly as possible by the Historical Division and by personnel possessing intimate knowledge of various medical developments resulting from the war. Certain volumes in the clinical and technical series will be prepared in cooperation with medical schools. At Harvard University School of Medicine,

MEDICAL HISTORY OF WORLD WAR II WILL BE WRITTEN IN THREE PARTS (Continued)

Dr. E. D. Churchill, formerly Surgical Consultant in the North Africa and Mediterranean Theaters of Operation, is completing an intensive study on shock based on data accumulated in the MTO. The volume on surgery will be prepared at Tulane University School of Medicine under the editorial supervision of Dr. Michael E. DeBakey, formerly Director of the Surgical Consultants Division in the Office of The Surgeon General.

The historical program projected by the Medical Department is one of the most ambitious publishing ventures undertaken in the field of medicine. As expressed by The Surgeon General, "the successful completion of this history will depend on the cooperation of officers still on active duty and on those who have returned to civil life." It is believed that the history can be successfully completed and to that end continued cooperation is invited on the part of all who participated in the greatest mobilization of medical resources ever achieved.

ARMY NURSES TO BE INSTRUCTED IN PSYCHIATRIC NURSING

That the post-war Army nurse will be given every opportunity to be a specialist in every branch of her profession was indicated this month by the Surgeon General's announcement that a program of instruction in Psychiatric nursing would be established at the Brooke Medical Center at Fort Sam Houston, Texas.

"The important part of the program," said Colonel Florence A. Blanchfield, Director of the Corps, "is that psychiatric nursing is to be made a part of the Army nurse's basic education. In time, it is hoped that every nurse who serves with the Army will have been given the opportunity to take the course, even though she does not remain in psychiatric hospitals. She will be a better nurse for having had the instruction.

For the first classes, however, preference will be given to nurses who are interested in psychiatric nursing as a speciality. These nurses are asked to volunteer immediately. The first class will open 14 June 1946. The course will run for eight months and twenty-five nurses will be entered each class. Members of the Regular Army Nurse Corps or nurses in Category I and II are eligible.

Army nurses interested in volunteering should contact: Director, Education and Training Division, Surgeon General's Office, War Department, Washington, D. C.

760 ARMY NURSES REPLACEMENTS TO SAIL FOR DUTY IN PACIFIC

Replacements for 760 Army nurses will sail from the West Coast before June for duty in Japan, Korea, the Philippines, Saipan, Hawaii and other Pacific areas where American troops are stationed.

Army Nurse Corps members eligible for separation or rotation will be continually replaced but shipments will be smaller in the future. Thirty-five more Nurses will sail as replacements for the Panama Canal Zone and 12 to the Antilles later this month.

Some 57,000 nurses were on duty in the Army Nurse Corps in August, 1945. About 42,621 have been separated from the service.

Army nurses who have indicated their desire to be separated from the service as soon as possible are in "category 5". They are eligible for separation (1) if married (2) if over 30 years of age (3) if they have dependent children under 14 years of age (4) if they have 14 months active duty (5) if their adjusted service rating is 25 or more points.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL RAYMOND E. DUKE, MC, of Washington, D. C., formerly Headquarters, USAFWESPAC APO 358 to Operations Service, Training Division, Overhead.

1ST LIEUTENANT MORRIS UNHIER, of Buffalo, New York, formerly MDRP, Tilton General Hospital, Fort Dix, N. J. to Preventive Medicine Service, Medical Intelligence & Health Education Division.

COLONEL DANIEL J. SHEEHAN, MC, of Columbus, Ohio, formerly United States Forces, European Theater to Personnel Service, Office of Chief, Overhead.

CAPTAIN ROBERT J. RITTER, MAC, of Minneapolis, Minn., formerly 84th Field Hospital, Fort Bragg, N. C., to Operations Service, Special Planning Division, Demobilization Branch.

COLONEL DANIEL C. CAMPBELL, MC, of Jacksonville, Fla., formerly Camp Forrest, Tenn., to Surgical Consultants Division, General Surgery Branch.

CAPTAIN ANIELLO F. MASTELLONE, MC, of New York, N.Y., formerly Fort George G. Meade, Md., to Professional Administrative Service, Physical Standards Division, Induction & Appointments Branch.

LIEUTENANT COLONEL DAVID W. CLOFFELTER, MC, of Hillsboro, Ill., formerly Sixth Service Command, Fort Sheridan, Ill., to Personnel Service, Office of Chief, Overhead.

LIEUTENANT COLONEL BENJAMIN A. STRICKLAND, JR., MC, of Lynchburg, Va., formerly Headquarters Pacific Division, AAF Air Transport Command, Hickam Field to Personnel Service, Office of Chief, Overhead.

LIEUTENANT COLONEL CORNELIUS B. PHILIP, SnC, of Hamilton, Montana, formerly Brooke Army Medical Center, Fort Sam Houston, Texas to Historical Division.

ARRIVALS, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN OSCAR H. MCCLUNG, MC, of Lexington, Va., formerly MDRP, Tilton General Hospital, Fort Dix, N. J., to Personnel Service, Office of Chief, Overhead.

COLONEL HENRY KURANER, MC, of Kansas City, Mo., formerly Headquarters United States Forces, European Theater to Personnel Service, Office of Chief, Overhead.

1ST LIEUTENANT ROBERT A. SHOOP, MAC, of Toccoa, Ga., formerly MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas, to Operations Service, Hospital Division, Administration Branch.

COLONEL ISAAC R. TRIMBLE, MC, of Baltimore, Md., formerly MDRP Tilton General Hospital, Fort Dix, N. J., to Surgical Consultants Division, General Surgery Branch.

COLONEL WILLIAM KRAUS, MC, of Pittsburg, Pa., formerly Headquarters Panama Canal Department to Personnel Service, Office of Chief, Overhead.

LIEUTENANT COLONEL GEORGE D. NEWTON, MC, of Arlington, Va., formerly Headquarters Seventeenth Major Post APO 69, 787th AAA Battalion to Personnel Service, Office of Chief, Overhead.

MAJOR JOHN C. HAWK, JR., MC, of Charlottesville, Va., formerly MDRP Tilton General Hospital, Fort Dix, N. J., to Professional Administrative Service, Professional Inquiries Unit.

LIEUTENANT COLONEL WILLIAM T. DEVAN, MC, of Charleston, W. Va., formerly United States Forces, European Theater to Personnel Service, Office of Chief, Overhead.

1ST LIEUTENANT WILLIAM A. DEERS, MAC, of Baltimore, Md., formerly MDRP Brooke Army Medical Center, Fort Sam Houston, Texas to Personnel Service, Military Personnel Division, Assignments Branch.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

CAPTAIN GILBERT W. BUEBT, MAC, of New York, N.Y., formerly Professional Administrative Service, Medical Statistics Division, Statistical Analysis Branch assigned to Separation Center, Fort Dix., N. J.

CAPTAIN DAVID TATCH, MAC, of Hot Springs, Ark., formerly Fiscal Division, Budget Branch to United States Forces, European Theater.

CAPTAIN WILLIAM E. VOSSEN, MAC, of Front City, Staten Island, N. Y. formerly Office Service Division, Mail & Records Branch assigned to United States Forces, Mediterranean Theater.

LIEUTENANT COLONEL MALCOLM E. BECKHAM, MAC, of Washington, D. C., formerly Personnel Service, Office of Chief, Overhead to United States Forces, European Theater.

CAPTAIN JOHN H. PRICE, MAC, of Columbus, Ga., formerly Supply Service, Office of Chief, Overhead to United States Forces, European Theater.

COLONEL DANIEL J. SHEEHAN, MC, of Columbus, Ohio, formerly Personnel Service, Office of Chief, Overhead to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

COLONEL MICHAEL E. DEBAKEY, MC, of New Orleans, La., formerly Surgical Consultants Division, Overhead to Separation Center, Camp Shelby, Miss.

MAJOR BERNARD P. MALONEY, TC, of Columbus, Ohio, formerly Operations Service, Deputy Chief for Hospital & Domestic Operations Division, Medical Regulating Unit to Separation Center, Camp Atterbury, Ind.

CAPTAIN EDWARD B. CLEAVER, MAC, of Joplin, Mo., formerly Operations Service, Mobilization & Overseas Operation Division, Organization & Equipment Allowance Branch to Separation Center, Fort Leavenworth, Kansas.

LIEUTENANT COLONEL BENJAMIN H. SULLIVAN, JR., MC, of Detroit, Mich., formerly Historical Division to MDRP Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR JACK M. EVANS, MC, of Buffalo, N. Y., formerly Personnel Service Office of Chief, Overhead to Separation Center, Fort Dix, N. J.

COLONEL HENRY KURATNER, MC, of Kansas City, Mo., formerly Personnel Service, Office of Chief, Overhead to MDRP Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN JOHN S. SCHWEPPE, MC, of Winnetka, Ill., formerly Professional Administrative Service, Physical Standards Division, Induction & Appointments Branch to Separation Center, Fort Sheridan, Ill.

COLONEL WILLIAM KRAUS, MC, of Pittsburg, Pa., formerly Personnel Service, Office of Chief to MDRP Brooke Army Medical Center, Fort Sam Houston, Texas.

2D LIEUTENANT MORTIMER BERGLIN, MAC, of Santa Barbara, Calif., formerly Surgical Consultants Division, Otolaryngology Branch to Separation Center, Camp Beale, Calif.

CAPTAIN ROBERT B. SAVAGE, MAC, of Oshkosh, Wisc., formerly Professional Administrative Service, Medical Statistics Division, Overhead to Separation Center, Camp Atterbury, Ind.

MAJOR OSCAR H. MCCLUNG, JR., MC, of Lexington, Va., formerly Personnel Service, Office of Chief, Overhead to Separation Center, Fort George G. Meade, Md.

LIEUTENANT COLONEL RALPH T. CASTELL, MAC, of Atlanta, Ga., formerly Personnel Service, Military Personnel Division, Office of Director to Separation Center, Fort McPherson, Ga.

MAJOR EARLE J. HARPER, JR., MAC, of St. Paul, Minn., formerly Personnel Service, Military Personnel Division, Classification & Records Branch to Separation Center, Camp McCoy, Wisc.,

LIEUTENANT COLONEL OTIS F. GAY, MC, of Greenville, Ala., formerly Operations Service, Deputy Chief for Hospital & Domestic Operations Division, Medical Regulating Unit to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

BRIGADIER GENERAL STANHOPE BAYNE-JONES, USA, of New Haven, Conn., formerly Preventive Medicine Service, Office of Chief, to Separation Center, Fort Devens, Mass.

CAPTAIN THOMAS N. GETT, MAC, of New York, N. Y., formerly Supply Service, Distribution Division, Domestic Branch to Separation Center, Fort Dix, N. J.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

LIEUTENANT COLONEL CARL Z. BERRY, MC, of Cincinnati, Ohio, formerly Operations Service, Training Division, School Branch to Military Intelligence Division, War Department, Washington, D. C.

CAPTAIN JOHN M. DALBY, MC, of Newton, Mass., formerly Professional Administrative Service, Physical Standards Division, Induction & Appointment Branch to Separation Center, Fort Devens, Mass.

LIEUTENANT COLONEL BENJAMIN, A. STRICKLAND, JR., MC, of Lynchburg, Va., formerly Personnel Service, Office of Chief, Overhead to MDRP Brooke Army Medical Center, Fort San Houston, Texas.

LIEUTENANT COLONEL DAVID W. CLOFFELTER, MC, of Hillsboro, Ill., formerly Personnel Service, Office of Chief, Overhead to MDRP Brooke Army Medical Center, Fort San Houston, Texas.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

Captain to Major

EARLE J. HARMER, JR., MAC, of St. Paul, Minn., Personnel Service, Military Personnel Division, Classification & Records Branch.

OSCAR H. MCCLUNG, MC, of Lexington, Va., Personnel Service, Office of Chief, Overhead.

3d Lieutenant to 1st Lieutenant

FRANK C. MARSHALL, MAC, of Queens, N. Y., Personnel Service, Military Personnel Division, Classification & Records Branch.